

City of Las Vegas Recreation Department

Abe Montoya Recreation Center

Young American Basketball League

SEASON: NOVEMBER - JANUARY 2013-2014

BOYS 3rd/4th and 5th/6th/7th grade

and

Kindergarten 1st and 2nd grade - Boys and Girls

FEE: \$40.00

(Girls division begins in January 2014)



COACHES NEEDED

**IF YOU ARE INTERESTED IN
COACHING, ALL COACHES ARE
REQUIRED TO:**

**PICK UP A VOLUNTEER
APPLICATION AT THE ABE
MONTOKA
RECREATION CENTER**

And attend a mandatory

**COACHES MEETING
MONDAY NOV. 4, 2013 AT
6:00PM**

**FOR MORE INFORMATION
CONTACT RECREATION LEADERS
at 426-3191 or 426-3207**

Participation, skill development, and sportsmanship are stressed in this instructional league.

Teams of up to ten players are formed in each division of play. A volunteer head coach and assistant instruct players in all aspects of the game.

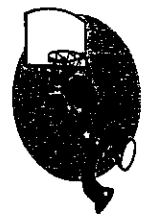
Practices are held for two weeks before the first games. Teams will have one game a week through the ten game schedule.

Strict rules govern player participation, insuring that all players receive as much game time as possible. All players are issued a jersey or t-shirt with team name and number.



**REGISTRATION FORMS ARE AVAILABLE AT THE ABE MONTOKA
RECREATION CENTER 1751 N. GRAND AVE.**

DEADLINE FOR REGISTRATION: NOV. 13, 2013



For more information about this or any other recreation program, please visit us at www.lasvegasnm.gov or call us at 426-1739, 426-3207 or 426-3191. Recreation office hours are Mondays - Fridays, 8:00 a.m. - 5:00 p.m.

YABL REGISTRATION FORM



BOYS 3rd/4th grade and BOYS 5th/6th and 7th grade

KINDER/1st and 2nd GRADE

NOVEMBER 2013 - JANUARY 2014

DEADLINE TO REGISTER - NOVEMBER 6, 2013



PLEASE PRINT

CHILDS NAME: _____

ADDRESS: _____

AGE: _____ DATE OF BIRTH: _____ GRADE: _____

HOME PHONE: _____ WORK PHONE: _____

FATHERS NAME: _____ CELL PHONE: _____

MOTHERS NAME: _____ CELL PHONE : _____

EMERGENCY CONTACT: _____ PHONE #: _____

FOR OFFICIAL USE

FEE: \$40.00

DIVISION: BOYS: GRADES 3rd - 4th: _____ GRADES 5th - 6TH - 7TH: _____

KINDER 1st/2nd DIVISION: _____

AMOUNT PAID: \$ _____ PAYMENT TYPE: (check/cash) CK #: _____

CLERK SIGNATURE: _____ DATE: _____

ALL RECEIPT'S MUST BE ATTACHED TO THIS FORM AND PARTICIPANTS NAME/NAMES

MUST BE ON RECEIPT (multiple children - make multiple receipts)

PARENT SIGNATURE: _____

RELEASE OF LIABILITY FORM

I, _____ do hereby agree to release, hold harmless, and give up any claim against the City of Las Vegas, its agents, employees, volunteers, and/or representatives. This includes any problems that may arise in the future, including damages on account of bodily injury or property damages arising in any manner out of participation in this recreation program.

I/we understand that the recreation department and the City of Las Vegas reserves the right to discontinue service at any time, to any participant/parent in the event that their behavior is one that is considered unsportsmanlike, inappropriate behavior, language, and actions as determined by recreation department staff. I WILL ABIDE BY ALL RULES AND REGULATIONS AND PARENTS CODE OF ETHICS.

I/we understand that should any injury occur during participation in this recreation program, the City of Las Vegas, its agents, employees, volunteers, and/or representatives will not be held responsible. I/we understand that by signing this form, all legal rights to hold the City of Las Vegas or its agents, representatives and staff responsible are waived.

If the participant has any **Special Needs**, or requires any special services, I/we shall inform the recreation department, in writing, of such Special Need or request of special services.

Parent/Guardian Signature

Date

Parents Code of Ethics

(PLEASE PRINT)

I, _____ hereby pledge to provide positive support, care and encouragement for my child participating in youth sports by following this Code of Ethics:

I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice or other youth sports events. I will refrain from negative comments, negative cheering and avoid creating a negative environment at practices and/or games.

I will place the emotional and physical well-being of my child ahead of any personal desire to win.

I will insist that my child play in a safe and healthy environment.

I will provide support for coaches and officials working with my child to provide a positive, enjoyable experience for all.

I will demand a drug and alcohol-free sports environment for my child and agree to assist by refraining from their use at all youth sports events.

I will remember that the game is for children and not for adults. I will do my very best to make youth sports fun for my child.

I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.

I will promise to help my child enjoy the youth sports experience within my personal constraints by assisting with coaching, being a respectful fan, providing transportation or whatever I am capable of doing.

I will require that my child's coach be trained in the responsibilities of being a youth sports coach, complete the requirements set forth by the recreation department and agrees to the youth sports Coaches' Code of Conduct.

Parent's Signature

Parent's Signature

Date

JERSEY ISSUE AND RETURN

I/we understand that should any equipment/uniforms issued be lost or damaged during the season or not returned at the conclusion of the season, I/we will be held responsible for full payment of JERSEY as follows: **Jersey \$30.00**

Parent/Guardian SIGNATURE

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EMERGENCY MEDICAL AUTHORIZATION FORM

PURPOSE: To enable parents/guardians to AUTHORIZE emergency treatment for children who become ill or injured while under the program authority when parents are not available, or cannot be contacted.

GRANTING CONSENT: I understand every effort will be made to contact me, however, in case of emergency involving my child where I cannot be reached, I hereby give my consent to transport my child to the following medical care providers, I give any reasonable and customary medical and health care of my child deemed necessary. In case the listed medical care providers cannot be reached, I authorize appropriate medical care for my child to the listed provider, hospital, and or medical facility. This authorization does not cover any major surgery unless one other doctor/dentist concurs. Nothing in this section shall be constructed to impose liability on any city official, city employee or volunteer whom in good faith, attempts to comply with this section.

It is understood that I will be financially responsible for all emergency care.

Medical insurance provider _____ Group #: _____ Policy#: _____

Primary physician _____ Phone #: _____

Primary dentist _____ Phone #: _____

Parent/Guardian Signature: _____ Date: _____
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REFUND POLICY**REFUND POLICY:** I will abide by the current Abe Montoya Recreation Center refund policy for sports programs. Amount of refund will depend on the refund policy guidelines. A letter explaining reason for refund and refund authorization request form must be filled out and submitted to Recreation office.

Parent/Guardian Signature: _____

MEDICAL HISTORY

FACTS CONCERNING CHILD'S MEDICAL HISTORY THAT MAY NOT BE INCLUDED IN PHYSICAL. All information obtained is considered confidential, except to medical provider and/or coach if need to know is required.

A SPORTS PHYSICAL IS REQUIRED TO PLAY THIS SPORT

_____ **ASTHMA** _____ **INHALER**

_____ **TETANUS (DATE)**

_____ **DIABETES**

_____ **MUSCULAR WEAKNESS**

_____ **HEART PROBLEMS**

_____ **SEIZURES**

_____ **BLEEDING DISORDERS**

_____ **EAR PROBLEMS**

_____ **EMOTIONAL PROBLEMS**

_____ **INFECTIOUS DISEASES**

_____ **MENINGITIS**

_____ **ALLERGIES (TYPE)**

_____ **HEPATITIS**

_____ **HIGH BLOOD PRESSURE**

Hospitalized for any serious illness, surgery, or accidents that would affect playing in sports program? Please explain:

_____ **USE OF CONTACT LENSES**

_____ **LONG TERM MEDICATION (LIST):**

Please add any additional information you wish staff, and coaches to know about your child:

Parent/Guardian Signature: _____

**CITY OF LAS VEGAS RECREATION CENTER
RECREATION DEPT**



BOYS YOUTH BASKETBALL LEAGUE 2013/2014

PLAYER EVALUATIONS - THURSDAY November 14

3rd - 4th grade: 5:30pm; 5th/6th/7th grade: 7:00pm

MANDATORY ATTENDANCE!



**WEAR COMFORTABLE CLOTHING SUCH AS GYM
SHORTS, WARMUPS AND MUST WEAR TENNIS SHOES**

Parents: please have gym shoes available only for practice and games;
Street shoes bring in rocks, dirt and mud to gym floor

SPORTS PHYSICAL: A SPORTS PHYSICAL IS REQUIRED TO PLAY THIS SPORT. MUST BE COMPLETED AND TURNED IN TO RECREATION DEPARTMENT PRIOR TO PARTICIPATING IN FIRST GAME. COPIES OF PHYSICAL FROM YAFL OR LITTLE LEAGUE ARE ACCEPTABLE WITHIN THE CALENDAR YEAR. ALL PAPERWORK AND PAYMENT MUST BE MADE PRIOR TO THE PARTICIPANT ATTENDING PRACTICE AND GAMES.

THANK YOU FOR YOUR COOPERATION. REC DEPT. STAFF

DRAFT WILL BE CONDUCTED AND COACHES WILL CONTACT PLAYERS

**FOR MORE INFORMATION CONTACT
RECREATION DEPARTMENT - 426-1739 or 426-3191**

ABE MONTOYA RECREATION DEPARTMENT
YOUTH SPORTS PROGRAMS PHYSICAL FORM

NAME: _____ **AGE:** _____

SPORTS PROGRAM: _____ **GRADE:** _____

HEAD: _____ **CHEST:** _____ **HEART:** _____

ABDOMEN: _____ **EXTREMITIES:** _____

WEIGHT: _____ **HEIGHT:** _____

BLOOD PRESSURE: _____ **VISION:** _____

PHYSICIANS NAME: _____

PHYSICIANS SIGNATURE: _____

DATE: _____

PARENTS NAME: _____

PARENTS SIGNATURE: _____

DATE: _____